

Date:

To:

Re: Expenses for Foster Care

Please complete the attached Foster Home Specific Expenses Form to the best of your ability. Please return this form **within five days**. This form is used to assist us in determining which portion of the child's foster care rate consists of room and board and which costs can be claimed to the waiver. The information you provide to us is used to complete a state required document that we need to keep on each child in foster care while on the CLTS Waiver. The information provided will have no direct impact on the foster care rate you are reimbursed, as that is determined by the child's CANS in the DCF eWiSacwis system.

Furnishings supplied by Facility and used by Residents – Are one-time purchases to establish placement at the foster home. The amount that you enter here needs to be broken down into a monthly amount if new purchases were made specifically for this child.

Household Supplies – Are necessities such as toiletry items, laundry soap, cleaning supplies, etc.

Household Utilities are based on the monthly expenses incurred by the family as a whole.

Complete the second section **“Calculation of Participant-Specific Expenses”** only if the child's specific expenses are beyond normal care to meet medical or mental health related conditions.